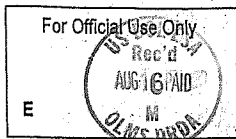


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8899</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Michael T GUTHNECK SR</u> P.O. Box, Bldg., Room No., if any _____ Street <u>2003 SITE B</u> City <u>NORTH BRUNSWICK</u> State <u>NJ</u> ZIP Code + 4 <u>08904</u>	4. Name, file number, and address of labor organization. Name <u>TEAMSTERS LOCAL UNION 701</u> Labor Organization File Number <u>002101</u> P.O. Box, Building and Room Number, if any <u>SITE B</u> Street <u>2003 RT 130</u> City <u>NORTH BRUNSWICK</u> State <u>NEW JERSEY</u> ZIP Code + 4 <u>08904</u>
5. Position in labor organization. <u>BUSINESS AGENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Michael T. Guthneck Sr.*

On

8/10/05  
Date

Telephone Number

932-297-7701

Name of Person Filing

*Michael J GUTHNECK SR.*

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

*N/A*

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

11.a. Nature of such dealing.

*N/A*

11.b. Approximate dollar value of such dealing.

*N/A*

12.a. Nature of interest held or income received.

*N/A*

12.b. Amount.

*N/A*

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name *Local 194 Revised Jurisdiction Fund*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street *2952 Vauxhall Road*

City *Vauxhall*

State *New Jersey* ZIP Code + 4 *07088*

14.a. Nature of payment.

*SEE ATTACHED*13.b. Is the Business an Employer ☒or Consultant ☐

?

14.b. Amount of payment.

*\$3459.70*

**BAKERY DRIVERS LOCAL 194***welfare and pension funds***EMPLOYER TRUSTEES**RODNEY G. MALARCHIK, Secretary  
DAVID R. RUSSELL

July 29, 2005

**UNION TRUSTEES**JOHN DeGRAZIO, Chairman  
MICHAEL J. GUTHNECK, SR.  
ERNEST A. SOEHL2952 VAUXHALL ROAD  
VAUXHALL, NJ 07088-1246  
TEL: (908) 687-1542  
FAX: (908) 688-3153

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Mr. Ernie Soehl, President  
International Brotherhood of Teamsters  
Local 701  
2003 U.S. Highway 130, Suite B  
North Brunswick, NJ 08902**Re: LM-30 Reporting**

Dear Ernie:

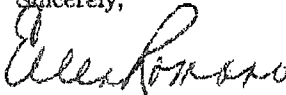
Pursuant to your letter dated July 15, 2005 concerning the above referenced, I have reviewed Fund Office records and have found that the Pension and Welfare Fund had expenditures for two union officers for the 2004 calendar year. Those expenditures were for a Segal Advisors Educational Conference held in San Juan, Puerto Rico from April 24-April 29, 2004, and the breakdown is as follows:

<b>John De Grazio, Union Officer</b>	
Conference fee	\$ 850.00
Airfare	\$ 286.40
Transportation to airport	\$ 91.60
Hotel	\$ 1,383.75
Daily expenses total (food, transportation, daily services, etc.)	\$ 1,003.90
<b>Total</b>	<b>\$ 3,615.65</b>

<b>Michael J. Guthneck, Sr., Union Officer</b>	
Conference fee	\$ 850.00
Airfare	\$ 286.40
Transportation to Airport	\$ 90.20
Hotel	\$ 1,408.10
Daily expenses total (food, transportation, daily services, etc.)	\$ 817.00
<b>Total</b>	<b>\$ 3,451.70</b>

If you have any questions regarding the above, please feel free to contact me.

Sincerely,


Ellen Romano  
Fund Manager

/er

cc: Board of Trustees  
Fred Marx, Esq.

Name of Person Filing

MICHAEL J GOTHNECK SR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

N/A

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

11.a. Nature of such dealing.

N/A

11.b. Approximate dollar value of such dealing.

N/A

12.a. Nature of interest held or income received.

N/A

12.b. Amount.

N/A

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name  UNION LABOR LIFE INSURANCE CO (QUICK)

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street  8403 COKEVILLE ROAD 13TH FLOOR

City  SILVER SPRING,

State  MD ZIP Code + 4  20910

14.a. Nature of payment.

MEETING WITH SERVICE PROVIDER  
TO FUND, WHO PURCHASED  
MEALS FOR 5 PEOPLE13.b. Is the Business an Employer ☒or Consultant ☐

?

14.b. Amount of payment.

30.11